

## Town of Fairfax Fire Department

15 Goodall Street, Fairfax, VT 05454  
(802) 849-6075 fire@fairfax-vt.gov

### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth /  
Current Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Are you able to perform the essential job functions of the position of Firefighter? (job description available upon request)  
☐ Yes ☐ No

☐ Yes ☐ No - I am a citizen of the United States ☐ Yes ☐ No - I am an Alien authorized to work in the US

☐ Yes ☐ No - Past or current member of US Armed Forces ☐ Yes ☐ No - Current member of Reserve / National Guard

☐ Yes ☐ No - Have you ever been convicted of a Felony  
*If yes, attach explanation* ☐ Yes ☐ No - Have you ever been convicted of a crime  
*If yes attach explanation*

☐ Yes ☐ No - Do you currently have and criminal charges pending ☐ Yes ☐ No - Have you been discharged from a previous job

☐ Yes ☐ No - Do you possess a valid driver's license ☐ Yes ☐ No - Has your driver's license previously been suspended

#### Emergency Services Background:

Fire	ICS	EMS
<input type="checkbox"/> Essentials of Firefighting (VT ABC) Date of Cert: _____ <div>Date Issued Current with Fire Academy</div> <div><input type="checkbox"/> Firefighter I _____ Y <input type="checkbox"/> N <input type="checkbox"/></div> <div><input type="checkbox"/> Firefighter II _____ Y <input type="checkbox"/> N <input type="checkbox"/></div> <div><input type="checkbox"/> Hazmat Awareness – last review date : _____</div> <div><input type="checkbox"/> Hazmat Operations – last review date: _____</div>	<input type="checkbox"/> ICS 100 <input type="checkbox"/> ICS 200 <input type="checkbox"/> ICS 300 <input type="checkbox"/> ICS 400 <input type="checkbox"/> ICS 700	<input type="checkbox"/> CPR/AED - exp date _____ Reg # exp date <input type="checkbox"/> EMR - _____ <input type="checkbox"/> EMT - _____ <input type="checkbox"/> AEMT - _____ <input type="checkbox"/> Paramedic - _____

List Previous Fire Departments / Ambulance Services that you have been affiliated with, and dates of service

1)
2)
3)

**Certification:** By signing and submitting this form and any attachments, I certify that this application is complete, and all information provided is true and accurate and contains no willful falsifications or misrepresentations. I understand that falsifications, misrepresentations, or omissions may disqualify me from consideration for employment with the Fairfax Fire Department, or if hired, may be grounds for termination. I hereby authorize this employer to (1) contact current & previous employers for verification of employment, (2) conduct a background investigation, and (3) check my driving record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Education

	Name and Address of School	Year of Graduation/Degree
High School		
College		
Other		

## References

*Please list two professional references.*

Full Name:	Relationship:
Company:	Phone:
Address:	email:

Full Name:	Relationship:
Company:	Phone:
Address:	email:

## Previous Employment

### Current Employer

Company Name	Phone #	Your Title	
Street Address	City	State	Zip
Job Duties:			
Name/Title of Supervisor		Contact information	
Reason for Leaving			

### Previous Employer 1

Company Name	Phone #	Your Title	
Street Address	City	State	Zip
Job Duties:			
Name/Title of Supervisor		Contact information	
Reason for Leaving			

### Previous Employer 2

Company Name	Phone #	Your Title	
Street Address	City	State	Zip
Job Duties:			
Name/Title of Supervisor		Contact information	
Reason for Leaving			